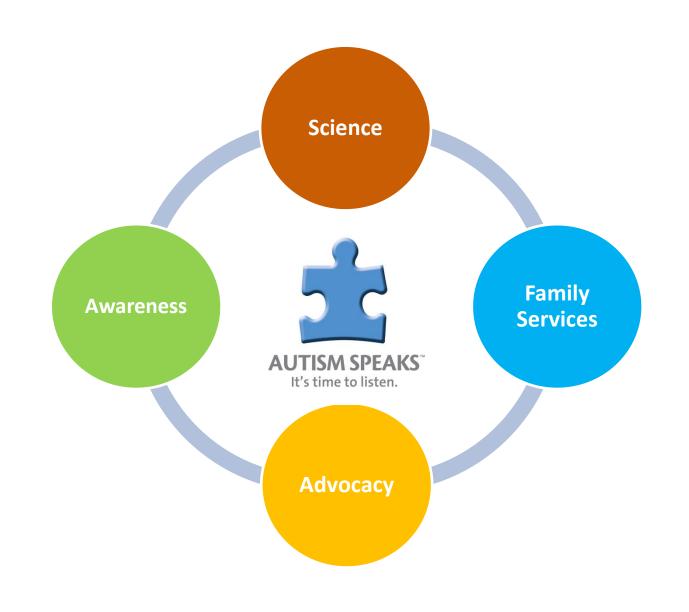


What's
New in
Autism
Coverage?



Vice President, State Government Affairs, Autism Speaks







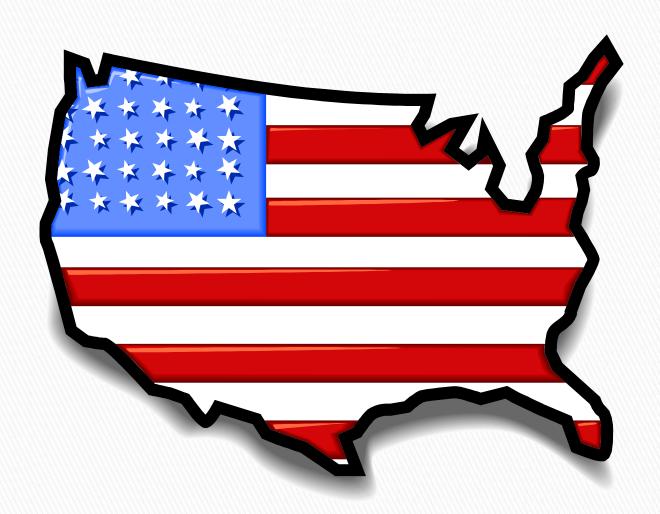


Autism and the Law

Cases, Statutes, and Materials by Lorri Shealy Unumb & Daniel R. Unumb

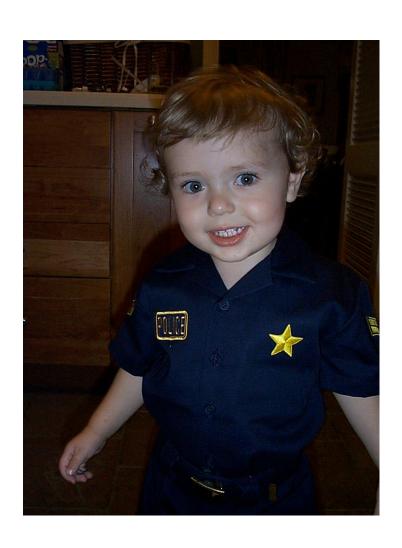


Autism Overview: National Perspective and What's New?

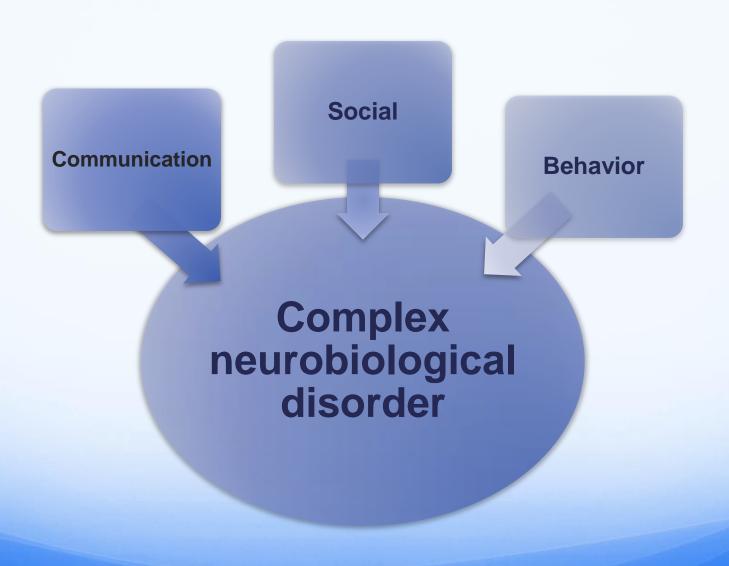


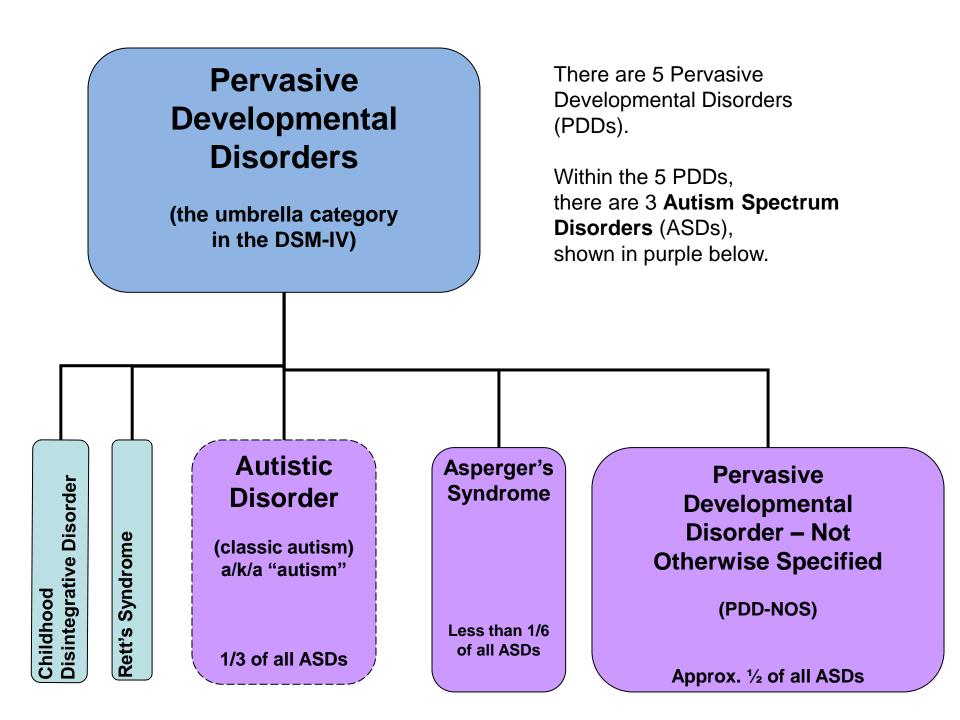


Ryan, diagnosed at 22 months



What is Autism?





Severity is judged by amount of support one needs due to social communication impairments and restricted, repetitive patterns of behavior

Autism Spectrum Disorder

(The umbrella disorder in the DSM-V)

Level 3

Requiring very substantial support

Severe impairments in functioning as a result of severe deficits.

Level 2

Requiring substantial support

Marked deficits in functioning even with support in place

Level 1

Requiring support

Noticeable impairments in functioning

Autism Spectrum Disorder, DSM V What does the change Mean?

Severity Level 3

Severity Level 2

Severity Level 1

Autistic Disorder: Substantial to extremely substantial severity

PDD-NOS Asperger Syndrome

Autistic Disorder: "high functioning"

"The sliding scale and single spectrum better reflects symptoms presentation, time course and response to treatment"-Department of Neurology, Boston Children's Hospital

Autism Spectrum Disorder

- A medical condition, brought on through no apparent fault of family
- Diagnosed by doctor or psychologist; often a developmental pediatrician
- Four times more common in boys than girls
- Curable? No
- Treatable? Yes!



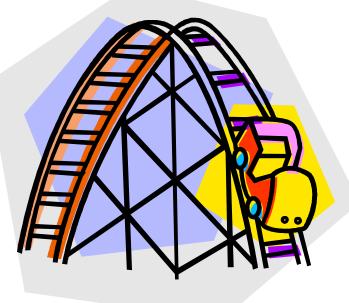
Autism is Treatable

- Autism can be treated so that the symptoms are not disabling.
 - A non-verbal child can gain the ability to communicate
 - A non-social child can gain interaction skills
- With treatment, children with autism are not cured but can overcome the disabling aspects of the condition.





Johns Hopkins University's Kennedy Krieger Institute Children's National Medical Center Georgetown University Hospital





- One-on-one therapy
- Up to 40 hours/week
- Uses behavioral stimuli & consequences to produce significant improvement in human behavior
- Breaks down into discrete components the skills that neurotypical children acquire naturally
- Trains child to acquire skills through repetition, prompting, and positive reinforcement
- https://www.youtube.com/watch ?v=OmnwFRjqb58

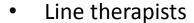
Applied Behavior Analysis (ABA Therapy)



Applied Behavior Analysis: Sample Therapy Structure

Consultant

- Highly educated and trained
- Board certified
- Evaluates, designs, trains
- 3-6 hours per month
- Mid-level supervisor (lead therapist)
 - Highly educated and trained
 - May be board certified
 - Updates programming; trains; oversees
 - 6 hours per week

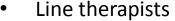


- Trained & supervised by above
- Provide 40 hours per week of direct therapy, usually in 3-hour shifts



Applied Behavior Analysis: Cost of a Sample Therapy Program

- Consultant
 - 3-6 hours per month
 - \$100-\$150/hour
 - 6 hours x \$150 = \$900/month
 - \$900 x 12 months = \$10,800
- Mid-level supervisor (lead therapist)
 - 6 hours per week
 - \$30-\$60/hour
 - 6 hours x \$60 = \$360/week
 - \$360/week x 52 weeks = \$18,720



- 40 hours per week
- \$20 \$30/hour
- 40 hours x \$20 = \$800/week
- \$800/week x 52 weeks = \$41,600
- \$10,800 + \$18,720 + \$41,600 = **\$71,120**
- THANK GOODNESS FOR HEALTH INSURANCE!





Bases for Denial

"I've heard that the treatment you want coverage for is experimental and/or ineffective."



June 20, 2012

Testimony of Vera F. Tait MD, FAAP

On behalf of the American Academy of Pediatrics

Before the Subcommittee on Personnel, Senate Armed Services Committee

"The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."



ABA is the Standard of Care

United States Surgeon General

(1999)

"Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior."

Centers for Medicare and Medicaid

(2011)

"...controlled trials have shown both the efficacy of programs based in the principles of ABA and that certain individual characteristics (age, IQ, and functional impairments) are associated with positive outcomes."

National Institute of Mental Health

(2011)

"One type of a widely accepted treatment is applied behavior analysis (ABA). The goals of ABA are to shape and reinforce new behaviors, such as learning to speak and play, and reduce undesirable ones."





Bases for Denial

"The treatments you want covered are educational in nature, not medical."

The Lucky Ones





My motivation: Ryan

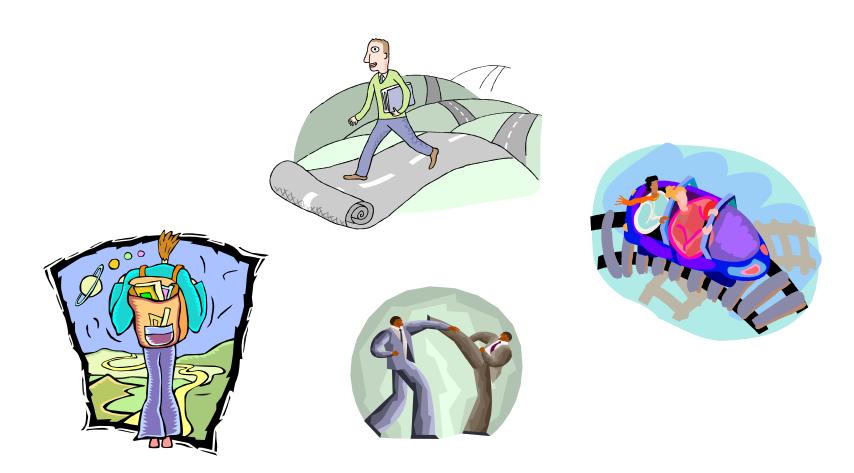
• My inspiration: Schoolhouse Rock

South Carolina Bill (2005)

• A health insurance plan as defined in this section must provide coverage for the treatment of autism spectrum disorder. Coverage provided under this section is limited to treatment that is prescribed by the insured's treating medical doctor in accordance with a treatment plan. With regards to a health insurance plan as defined in this section an insurer may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage on an individual solely because the individual is diagnosed with autism spectrum disorder.

The coverage required pursuant to subsection (B) must not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the health insurance plan

Ryan's Law Journey



Our First Committee Hearing



I'm Back!

Tell her Medicaid Should pay for it. Waa, haa, haa!

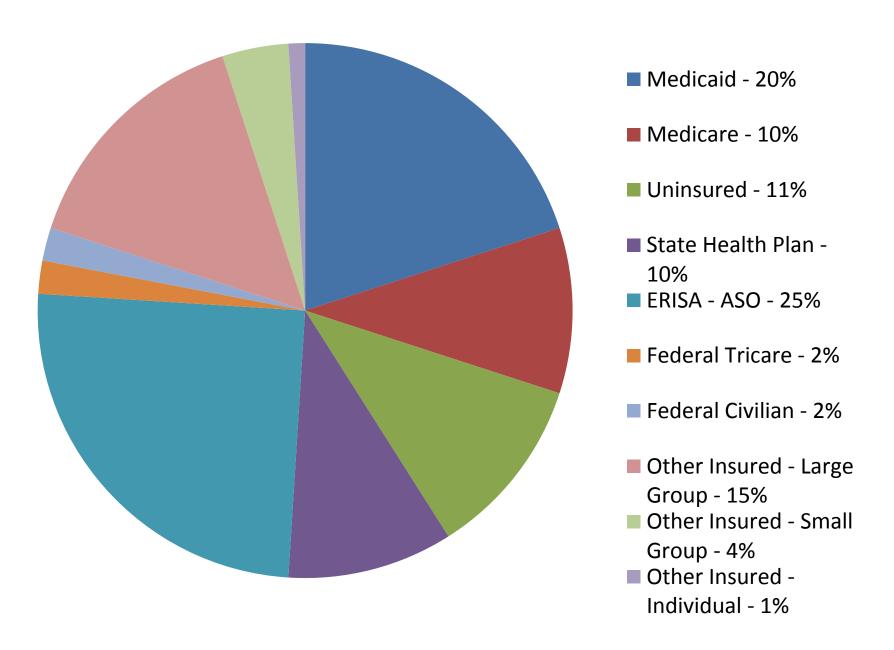




Arguments

"Having this state pass an insurance mandate is not a very effective way to provide treatment because a small number of families is covered by private insurance that is subject to state regulation."

Sources of Health Care Coverage





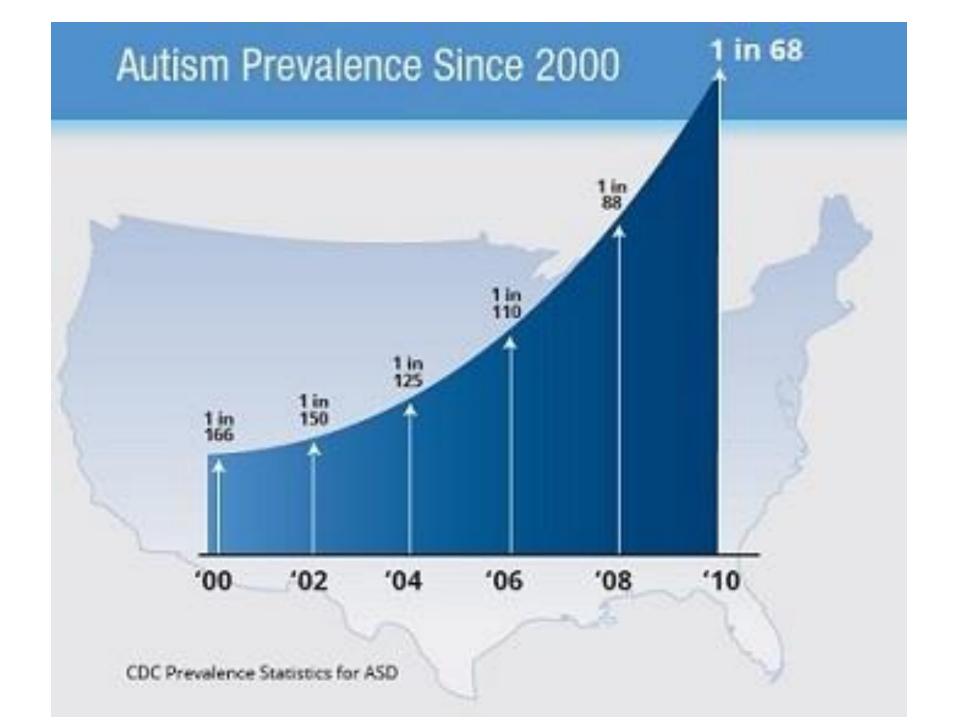
Arguments

"I'm really sympathetic, and I think your kids should get treatment, but it's just too expensive."

Societal Costs of Autism

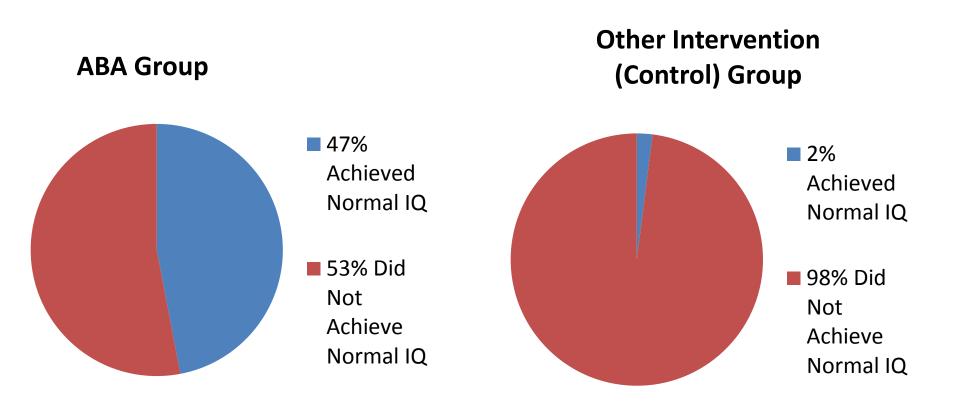
- Harvard School of Public Health (Ganz, 2006)
- \$3.2 million per person over lifetime
 - Includes direct and indirect costs, such as lost productivity





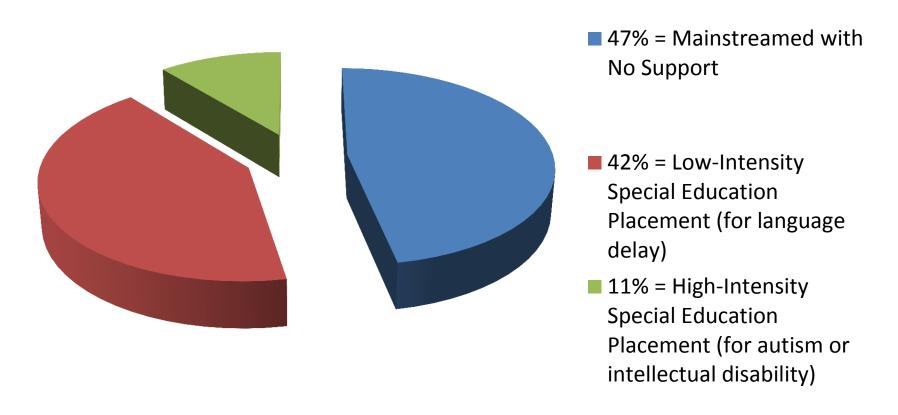
Efficacy of ABA Therapy

Outcome of 1987 UCLA Lovaas Study



Outcome of 1987 UCLA Study

Educational Placements for Group That Received ABA





Arguments

"I wish the insurance industry would cover your children, but I am philosophically opposed to mandates."

2005, 2006, 2007



May 25, 2007



June 6, 2007





June 7, 2007: Ryan's Law is Law!

- ► Effective July 2008
- Covers treatment prescribed by treating physician
- Diagnosed by age8
- Coverage through16
- \$50,000/year cap
 on behavioral
 therapy
- S.C. Code 38-71-280



Autism Speaks Government Relations



Autism Speaks

- Headquartered in New York

Autism Speaks Government Relations

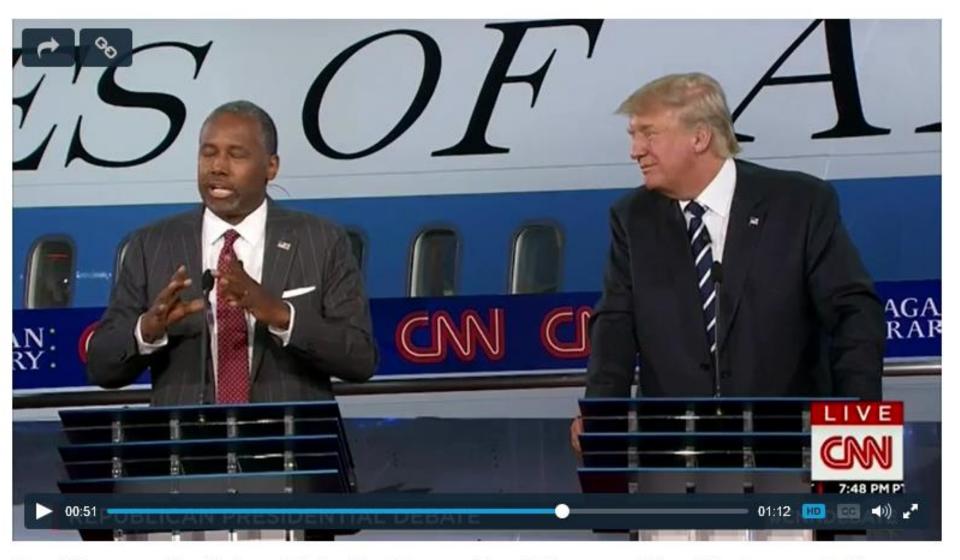
- Headquartered in D.C.



What's New in Autism Coverage?

- National Stage
- Insurance Reform
- Implementation Issues
- Registered Behavior Technician
- Behavior Analyst Licensure
- Medicaid EPSDT
- Self-Funded Progress
- ABLE



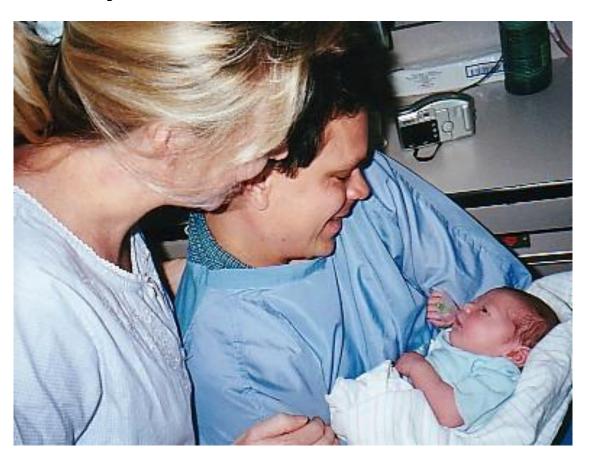


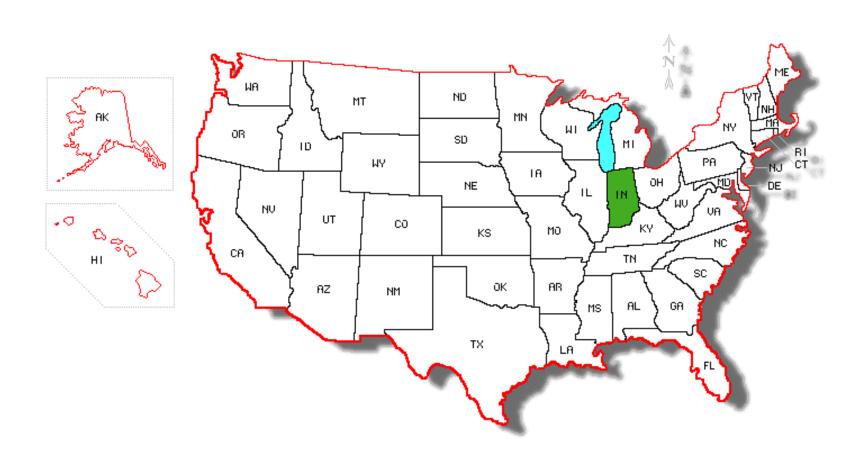
Republican presidential candidates Ben Carson, Donald Trump and Rand Paul responded to a

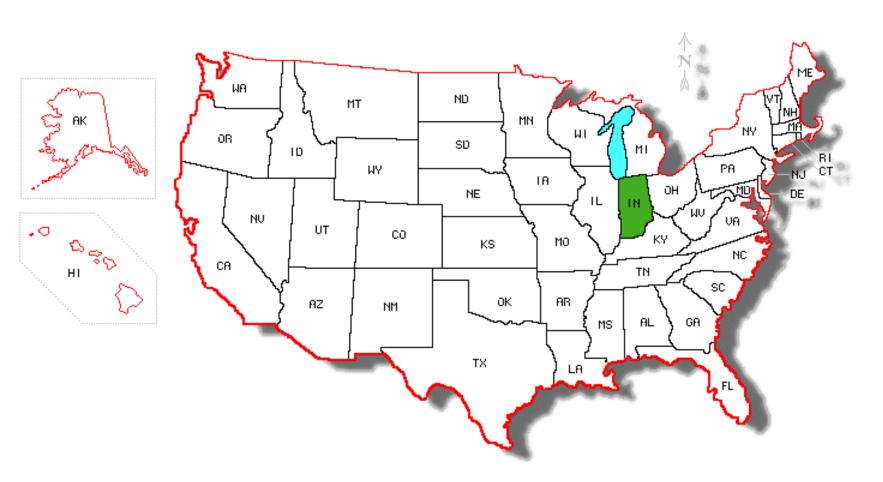


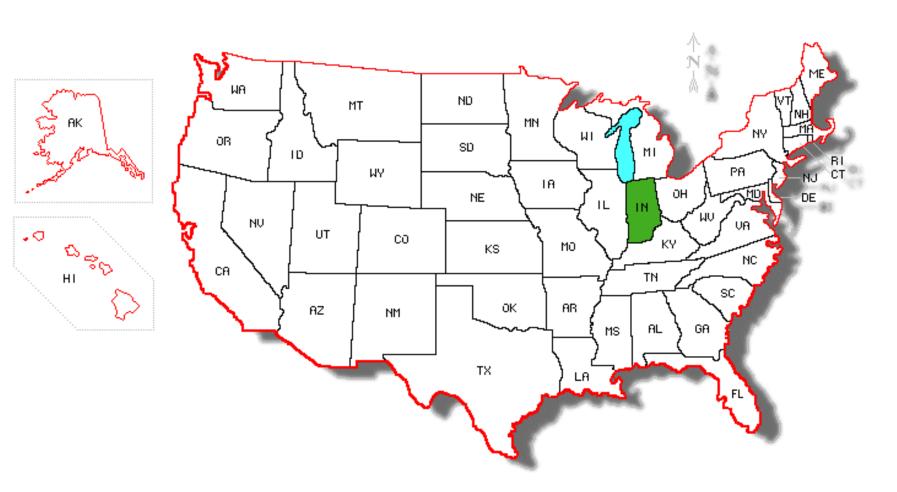
"Unfortunately, you have what we call 'no insurance."

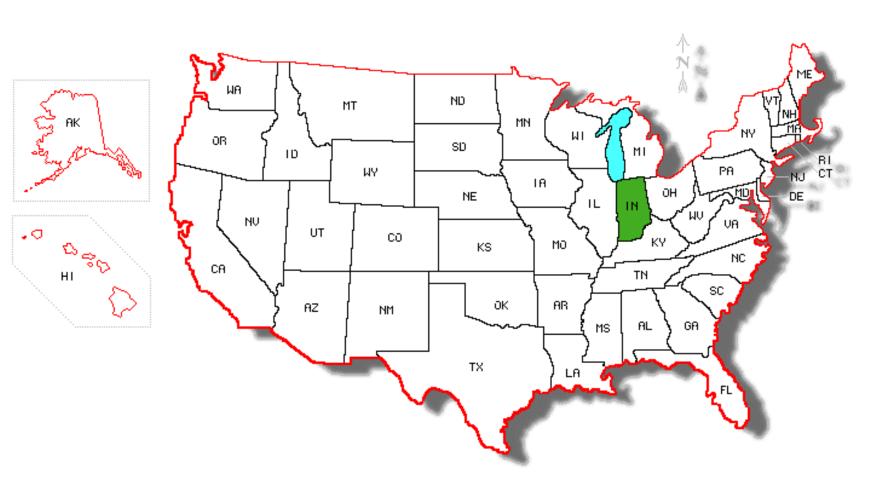
Ryan, born in 2001



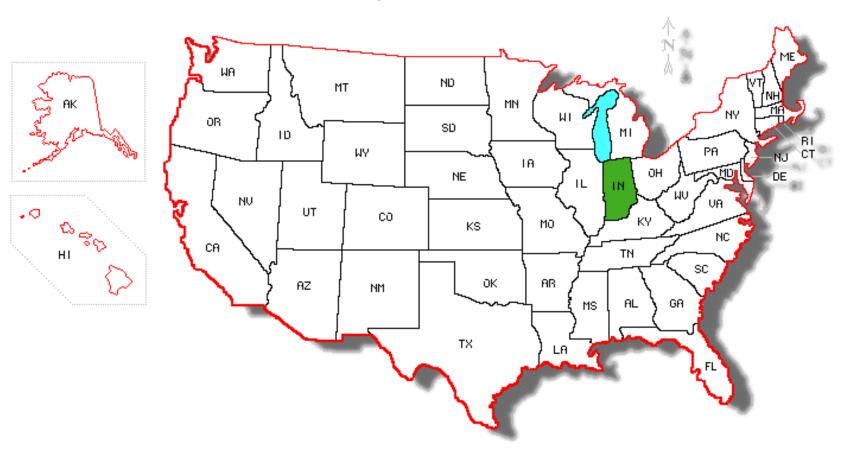


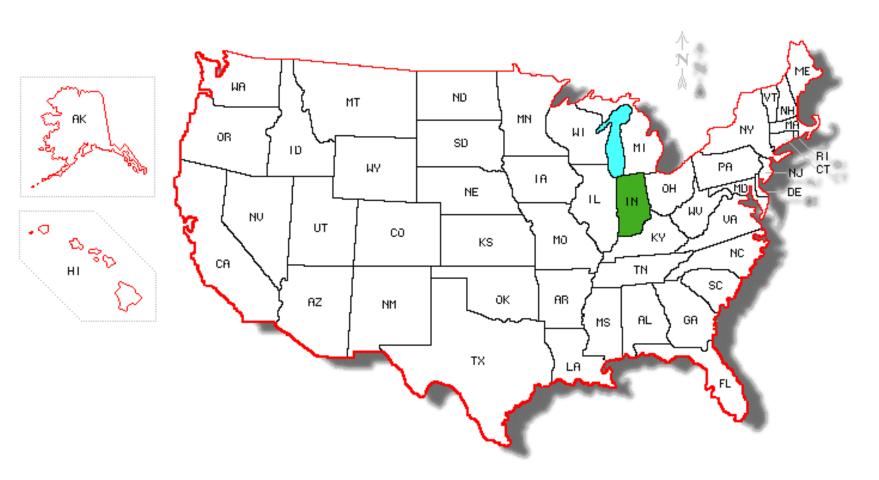


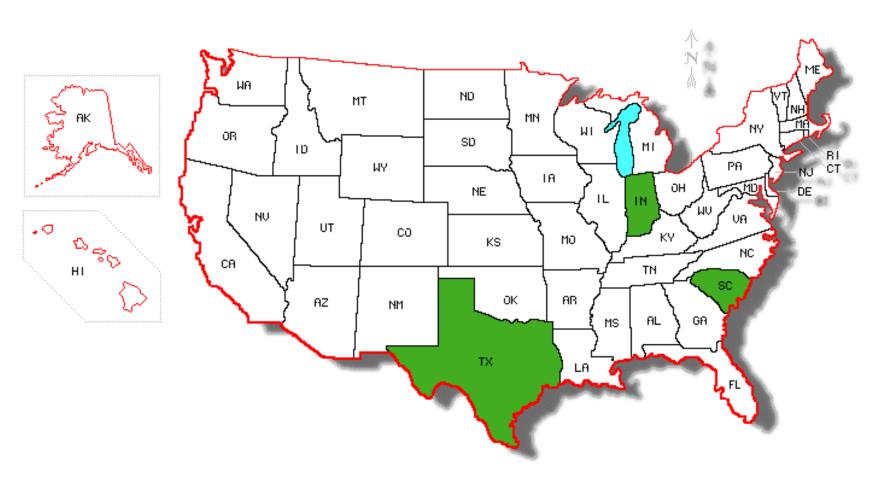


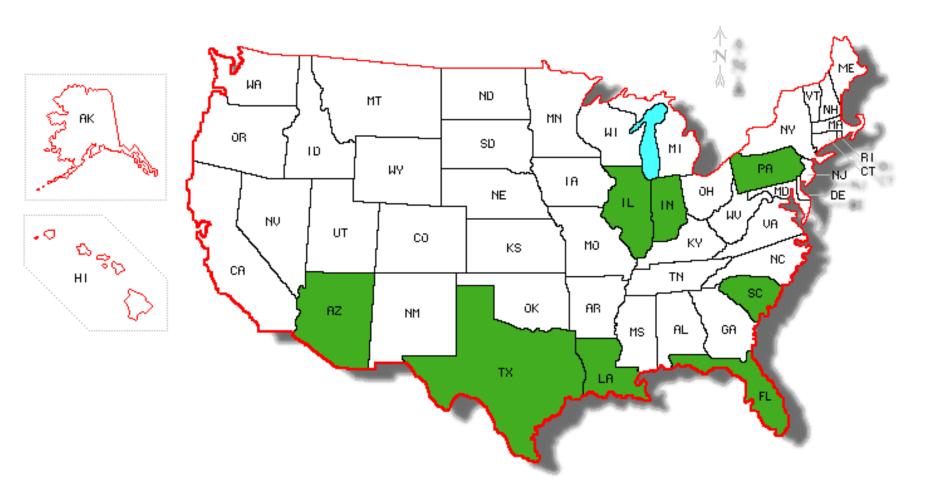


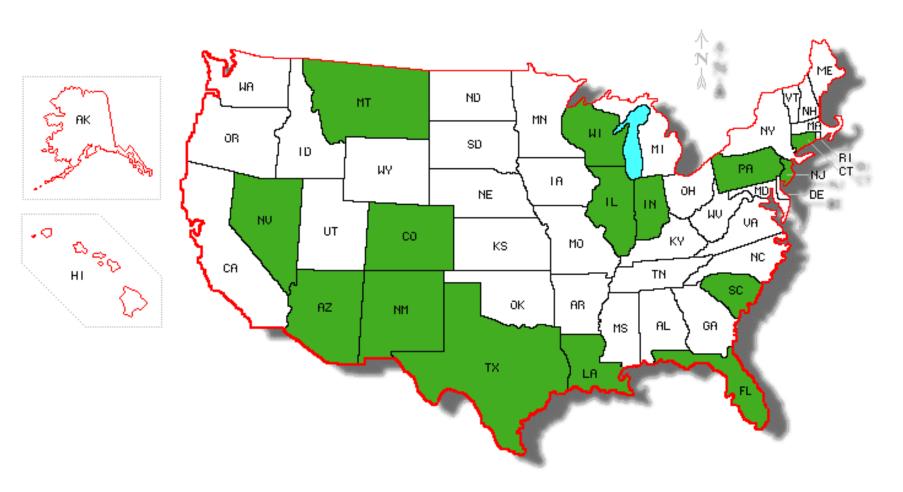
2005 Snapshot (wrote Ryan's Law bill)

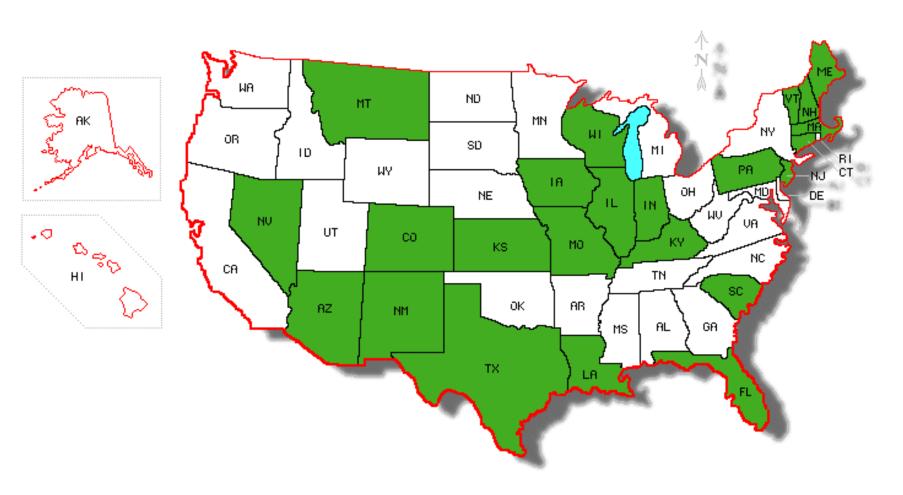


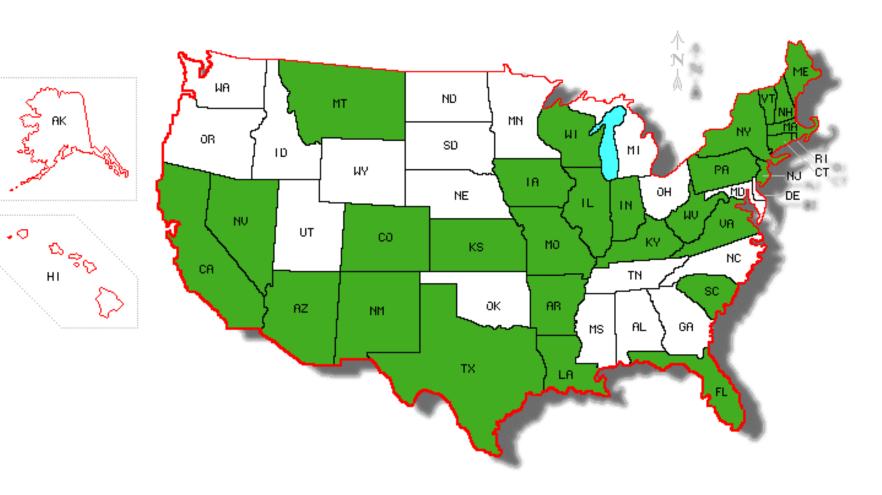




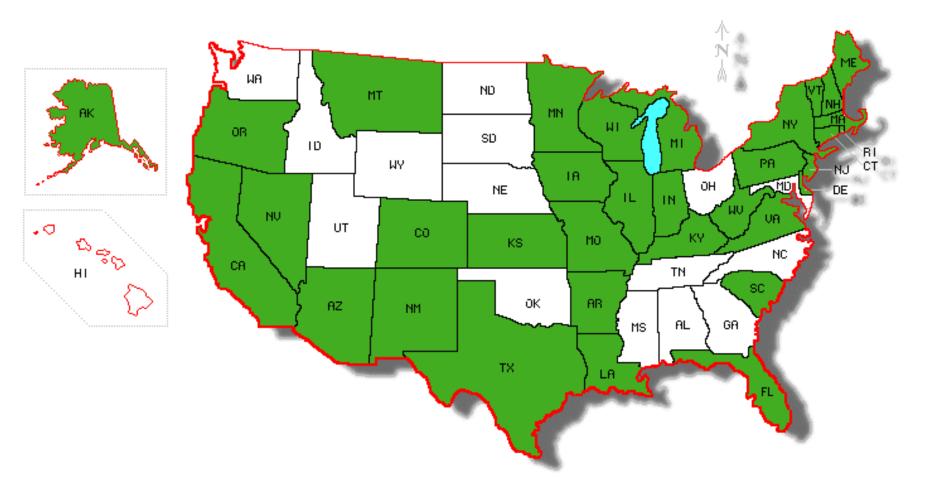










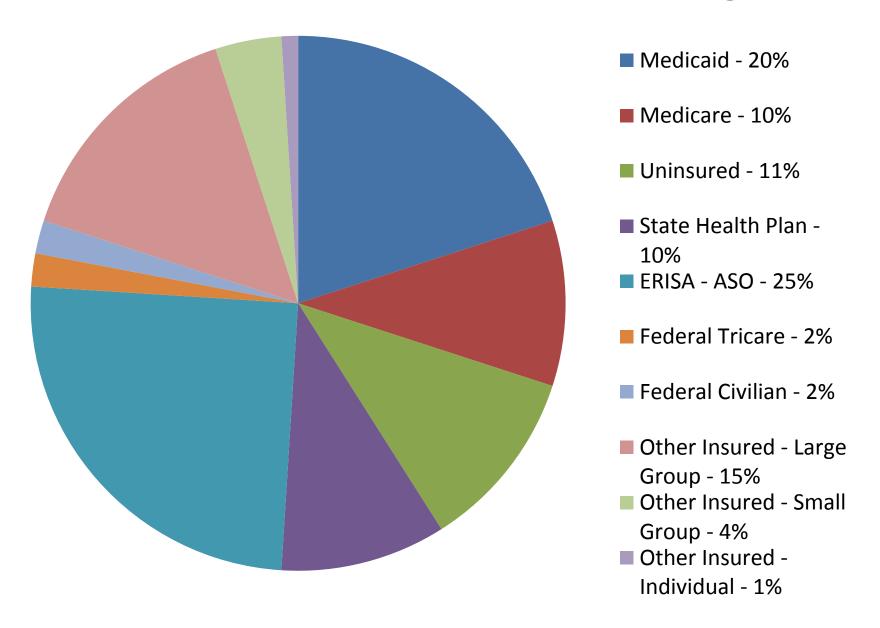




States with Autism Insurance Reform



Sources of Health Care Coverage



GREEN STATE GRID

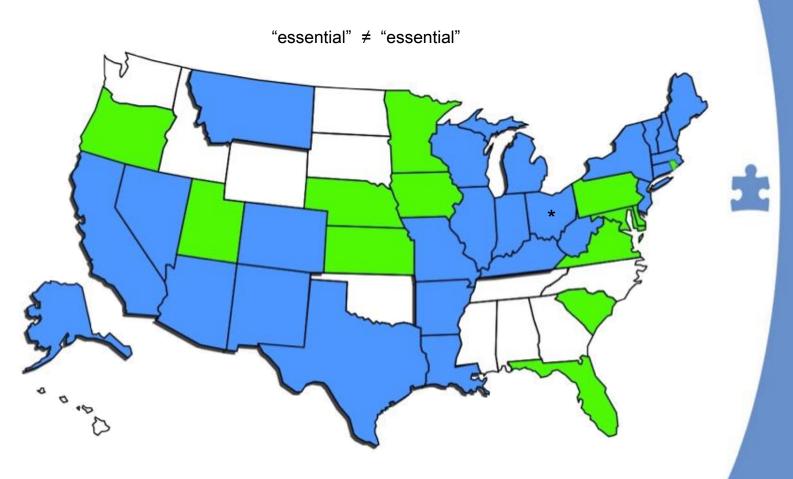
	AL	AK	AR	ΑZ	CA	co	СТ	DE	FL	GA	Н	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS
Large																									
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	MT	NC	ND	NE	NH	NJ	NM	NV	NY	ОН	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	W۷	WY
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QHP																									
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States with ABA in their EHB package (25 + D.C.)



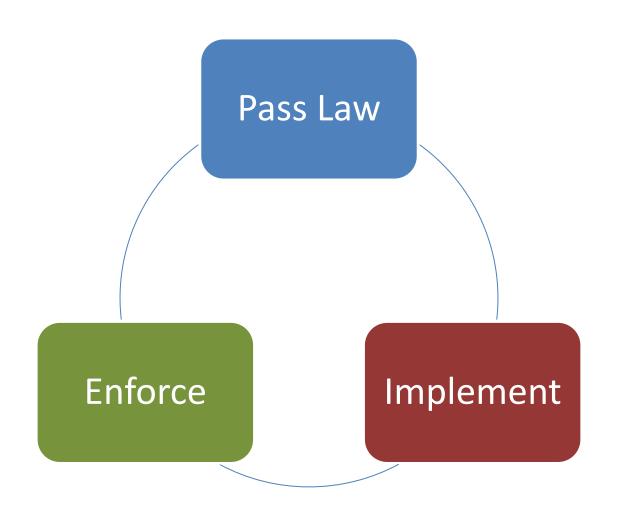
Impact of the ACA in these States

Access to ABA for individuals who were previously uninsured



Families with health insurance but whose plans do not cover ABA (e.g., a self funded plan) are buying "child only policies" through the Marketplace and getting coverage for ABA

Insurance Legislation Lifecycle



Quality of Coverage

- Compliance with legal protections
 - Wellstone/Domenici Mental Health Parity and Addiction Equity Act
 - Affordable Care Act
 - No Lifetime Limits
 - No Annual Limits on Essential Health Benefits
 - Nondiscrimination Provisions
- Provider Capacity
 - Reimbursement Rates
 - Training Programs





Mental Health Parity & Addiction Equity Act

MHPAEA



 Goal – to eliminate certain forms of discrimination in insurance coverage of mental health

How to Determine Compliance with the Federal Parity Law



- □ The federal parity law prohibits group health plans/health insurers offering MH benefits from applying <u>financial requirements</u> or <u>treatment limitations</u> to MH benefits that are more restrictive than the <u>predominant</u> financial requirements or treatment limitations applied to <u>substantially all</u> medical/surgical benefits
 - Regulations identify a specific formula to determine whether a plan's coverage of MH benefits is so restrictive that it violates the federal parity law

Comparing Treatment Limitations for MH/SUD Ber with those for other Medical/Surgical Benefits



- (10)
- Parity requires examination of both quantitative treatment limitations and non-quantitative treatment limitations
- Quantitative treatment limitations
 - Day or visit limits
 - Frequency of treatment limits
 - Separate treatment limits only imposed on SUD or MH benefits are prohibited
 - Treatment limits applied to MH/SUD benefits can't be more restrictive than those applied to corresponding covered medical/surgical benefits
 - Example: compare the number of days covered for inpatient SUD care with the number of days covered for care in an inpatient medical facility

Comparing Non-Quantitative Treatment Limitations for MH/S
Benefits with those for other Medical/Surgical Benefits





- Often most challenging to determine and most rife with potential parity violations: nonquantitative treatment limitations (NQTLs)
 - NQTLs = a plan's medical management tools
 - Requirement for comparison of NQTL imposed on specific MH or SUD benefit with NQTL imposed on corresponding medical or surgical benefit
 - □ Need for plan disclosure of detailed information about how they manage <u>both</u> their MH/SUD and medical/surgical benefits
 - □ Different disclosure requirements for different types of plans
 - □ Ability for providers to access this plan information on behalf of consumers

Common Examples of Non-Quantitative Treatment Limitations



12

lt's tin	ne to li
Parity rules include a non-exhaustive list of examples of NQTLs:	
Medical management standards, including medical necessity criteria and utilization review, and criteria to determine coverage or exclusion of a spe- service	
☐ Prescription drug formulary design	
☐ Fail-first policies/step therapy protocols	
 Medications and services 	
☐ Standards for provider admission to participate in a network	
☐ Provider rates (must examine type, geographic market, demand for services, supply of providers, provider practice size, Medicare rates, training, experience, and provider licensure)	
☐ Treatment limitations based on:	
 Geography 	
□ Facility type	
 Provider specialty 	
Criteria limiting the scope or duration of benefits or services	

More on Non-Quantitative Treatment Limitations and Disclosure



- 14
- Requires medical necessity criteria and reasons tor denials of reimbursement to be available to participants and beneficiaries
 - Different requirements for different types of plans—additional guidance is expected
 - For most plans that have to comply with the federal parity law, they must:
 - Disclose in writing how NQTLs are applied to medical/surgical, MH and SUD benefits covered by the plan, including what processes, strategies, evidentiary standards and other factors plans use to apply NQTLs
 - Provide claimants with any new additional evidence used to make benefit determinations during appeals
 - Disclose the above information within 30 days to any current or potential enrollee or <u>contracting provider</u>

Quality of Coverage



Autism Law Summit 2014



























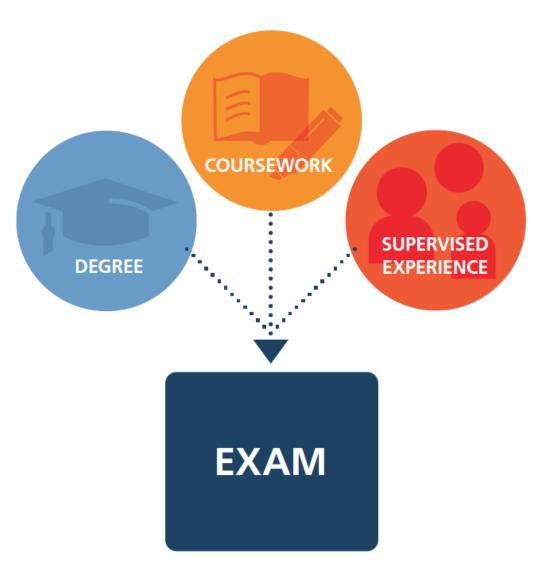
Quality of Coverage

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Board Certified Behavior Analysts



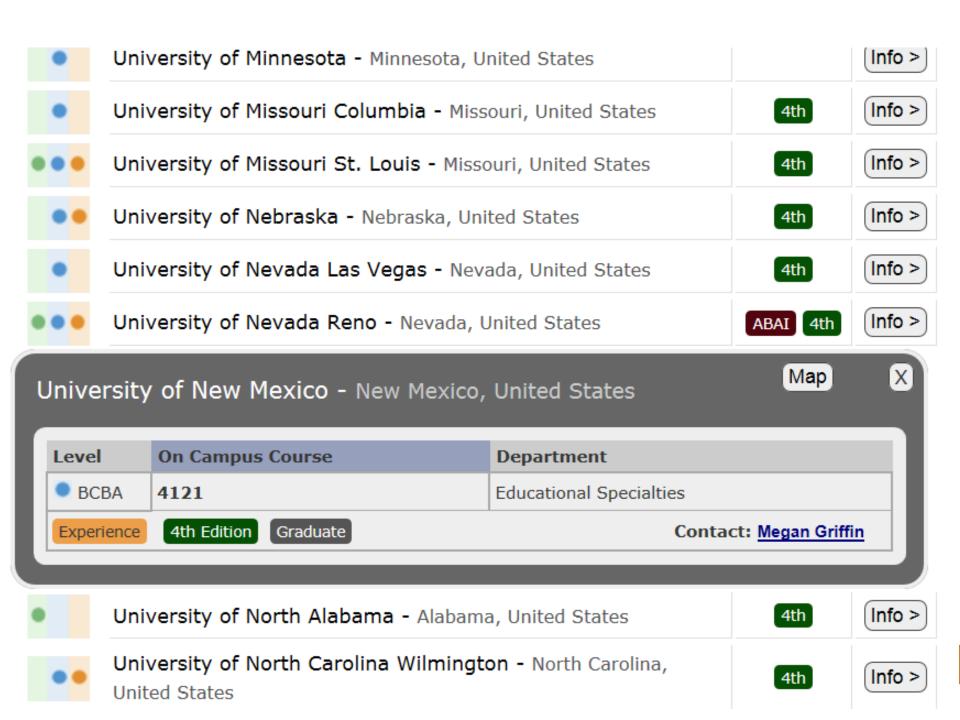
In New Mexico, 32 certified individuals.

Board Certified Behavior Analysts

STATE	POPULATION	# of BCBAs
New Mexico	2 million	32
Nebraska	1.8 million	81
West Virginia	1.8 million	66
Hawaii	1.4 million	111
Kansas	2.9 million	111
Nevada	2.8 million	116

Board Certified Behavior Analysts

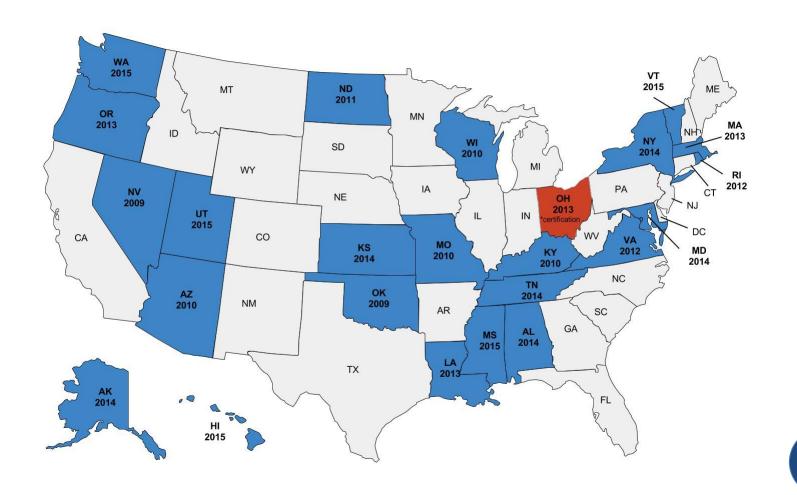
In New Mexico, 32 certified individuals.



DOCTORAL MASTER'S Board Certified BACHELOR'S Behavior Board Certified Analyst – Doctoral™ **HIGH SCHOOL** Behavior **Board Certified** Analyst® **Assistant Behavior** Registered Behavior Analyst® RBT™ **BCaBA**® **BCBA**® BCBA-D™



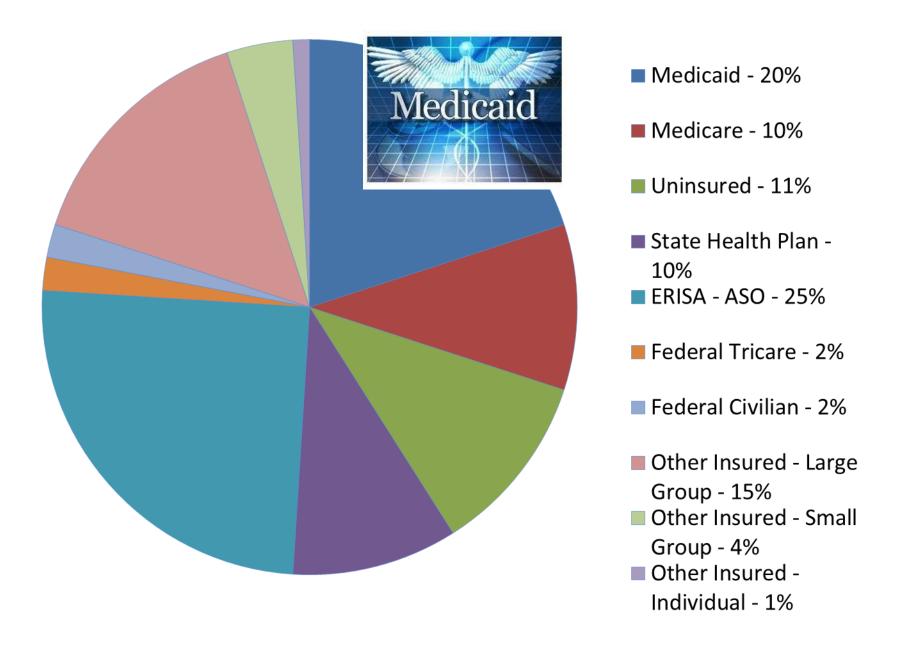
US State Regulation of Behavior Analysts







Sources of Health Care Coverage



Medicaid Basics

- Waiver v. StatePlan
- TEFRA or Katie
 Beckett Eligibility
- July 7th CMS
 Memo



DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop 52-26-12

Baltimore, Maryland 21244-1530



CMCS Informational Bulletin

DATE: July 7, 2014

FROM: Cindy Mann, Director

Center for Medicaid and CHIP Services

SUBJECT: Clarification of Medicaid Coverage of Services to Children with Autism

In response to increased interest and activity with respect to services available to children with autism spectrum disorder (ASD), CMS is providing information on approaches available under the federal Medicaid program for providing services to eligible individuals with ASD.

Background

Autism spectrum disorder is a developmental disability that can cause significant social, communication and behavioral challenges. A diagnosis of ASD now includes several conditions that used to be diagnosed separately: autistic disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), and Asperger syndrome. These conditions are now all called autism spectrum disorder. Currently, the Center for Disease Control and Prevention (CDC) estimates that approximately 1 in 68 children has been identified with ASD. 1

Treatments for children with ASD can improve physical and mental development. Generally these treatments can be categorized in four categories: 1) behavioral and communication approaches; 2) dietary approaches; 3) medications; and 4) complementary and alternative medicine. ² While much of the current national discussion focuses on one particular treatment modality called Applied Behavioral Analysis (ABA), there are other recognized and emerging treatment modalities for children with ASD, including those described in the ASD Services, Final Report on Environmental Scan (see link below)³. This bulletin provides information related to services available to individuals with ASD through the federal Medicaid program.

The federal Medicaid program may reimburse for services to address ASD through a variety of authorities. Services can be reimbursed through section 1905(a) of the Social Security Act (the Act), section 1915(i) state plan Home and Community-Based Services, section 1915(c) Home

http://www.cdc.gov/ncbddd/autism/facts.html

http://www.cdc.gov/ncbddd/autism/treatment.html

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Downloads/Autism-Spectrum-Disorders.pdf

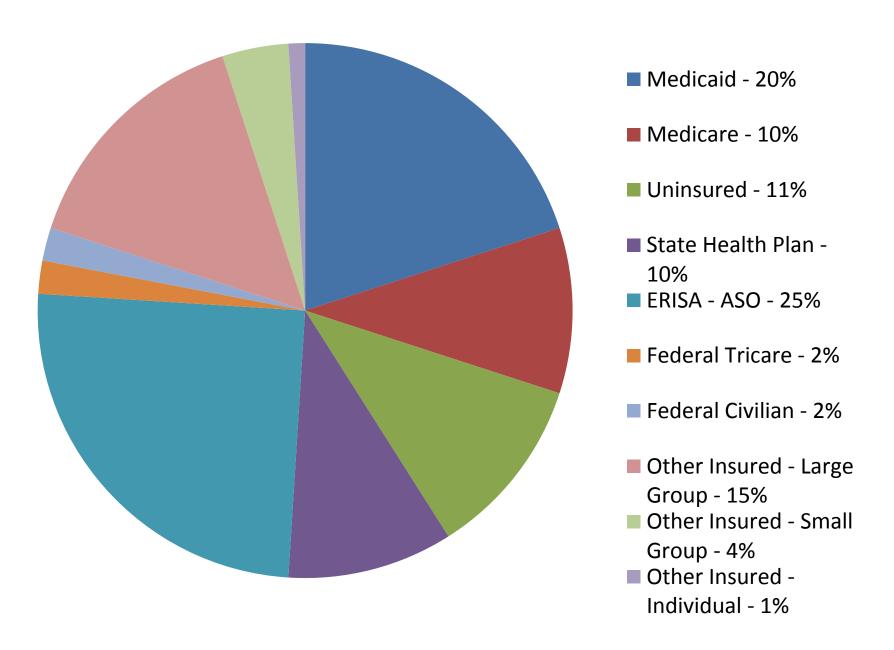
Medicaid: EPSDT

- ▶ E Early
- P Periodic
- S Screening
- D Diagnostic
- T Treatment



- Significance of moving to State Plan service
 - Medicaid Waivers for optional services
 - Medicaid State Plan for "medical assistance"

Sources of Health Care Coverage



Self-Funded "ERISA" Plans That Cover ABA





ORACLE

- **Arnold & Porter**
- Eli Lilly
- Ohio State University
- Blackbaud
- Lahey Clinic
- Partners Heal
- Wells Fargo
- Capitol One









- **Greenville Hospital System**
- Symantec
- DTE Energy



- Cerner
- State Street Final
- Children's Mercy
- **EMC**
- Sisters of Mercy
- **Princeton University**
- Bank of America
- And many more . . .





New Self-Funded ABA Coverage

- Starbucks
- Wake Forest Baptist
 Medical Center
- American Airlines
- Freddie Mac
- Harvard University
- PepsiCo
- Volvo/Mack Truck
- Hanes
- AT&T





The Ultimate
Self-Funded
Employer:
Federal
Government





Military/Tricare Coverage

Autism Care Demonstration

The TRICARE Comprehensive Autism Care Demonstration (Autism Care Demo) covers applied behavior analysis (ABA) for all TRICARE beneficiaries diagnosed with an autism spectrum disorder.

- •The demonstration started on July 25, 2014.
- •It will end on December 31, 2018.

Is your sponsor on active duty? You must register in the Extended Care Health Option (ECHO) to qualify for the Autism Care Demo. You won't pay the ECHO monthly fee for ABA unless you use other ECHO services.

What's New?

Beginning October 1, 2015, cost shares and copays will apply to your catastrophic cap. This will reduce out-of-pocket expenses for many ABA therapy beneficiaries.

http://www.tricare.mil/autism



- Effective October 1, 2015
- ABA will now be treated the same as other outpatient services (no dollar caps, cost shares accrue to the catastrophic cap, and cost shares will be equal to other outpatient services like speech, OT, PT)
- Provided under a demonstration project through 12/31/18





Union Health Service (Chicago area)

Humana Benefit Plan of Illinois, Inc. (Central, Northwestern Illinois) High

Blue Preferred Plus POS (Madison, St. Clair counties)

Humana Benefit Plan of Illinois, Inc. (Central, Northwestern Illinois) Star United Healthcare of the Midwest, Inc. (Southwest Illinois)

Indiana

Humana Health Plan, Inc. (Lake/Porter/LaPorte counties)

Physicians Health Plan of Northern Indiana (Northeast Indiana)

Iowa

Coventry Health Care of Iowa (Central/Eastern/Western Iowa) High Op Coventry Health Care of Iowa (Central/Eastern/Western Iowa) Standarc HealthPartners (Northern Iowa) High and Standard Options

Kansas

Coventry Health Care of Kansas (Kansas City)-HDHP Kansas City Metro / Coventry Health Care of Kansas (Kansas City Metro Area, KS and MO)

Louisiana

Coventry Health Care of Louisiana (New Orleans area)

Massachusetts

Fallon Community Health Plan (Central/Eastern Massachusetts)

Michigan

Health Alliance Plan (Southeastern Michigan/Flint Area) High Option Physicians Health Plan (Mid-Michigan)

Health Alliance Plan (Southeastern Michigan/Flint Area) Standard Option

Bluecare Network of MI (Traverse City)

Bluecare Network of MI (Grand Rapids)

Bluecare Network of MI (East Region)

Bluecare Network of MI (Southeast Region)

Minnesota

HealthPartners (Statewide) High and Standard Options

Missouri

Blue Preferred Plus POS (St Louis/Central/SW areas)

Coventry Health Care of Kansas (Kansas City)-HDHP Kansas City Metro Area (KS and MO)

United Healthcare of the Midwest, Inc. (St. Louis Area)

Coventry Health Care of Kansas (Kansas City Metro Area, KS and MO)

Nevada

Health Plan of Nevada (Las Vegas, Esmeralda and Nye counties)

New Jersey

GHI Health Plan (Northern New Jersey)

New Mexico

Lovelace Health Plan (Statewide)

New York

Independent Health Association (Western New York) High and Standard Options MVP Health Care (Fastern Region)



67 of 230 22 states Full list at

http://www.autismspeaks.org/advoc acy/advocacy-news/updated-newaba-benefit-federal-employees-beoffered-2013

https://www.opm.gov/healthcareinsurance/healthcare/planinformation/



Why Our Job Is Not Done

facebook

- May 27, 2010 at 5:08pm
- Subject: thanks
- I just wanted to say thank you for accomplishing what many people would not have attempted. I live in Charleston, SC. My husbands insurance is self funded so we are having to give up custody of our autistic 2 year old to my parents because their insurance is better. ABA is really helping and there is nothing I wouldn't do for him. You are inspirational to me and a hero. God bless you.

Thank You!

